

Student's Last Name \_\_\_\_\_  
 Student's Last Name (if different from above) \_\_\_\_\_

Our Redeemer Church

## SWIM LESSON REGISTRATION FORM

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_  
 Address \_\_\_\_\_ Home Number \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Language Spoken at Home: \_\_\_\_\_

Participant's Name Last, First	Sex M/F	Birthdate MM/DD/YY	Age	Level	Circle Session/Enter Schedule Time			Total
					1	2	3	
					1	2	3	
					1	2	3	
					1	2	3	
					1	2	3	
<b>Total</b>								

**RELEASE OF LIABILITY**

Should any illness or accident to him/her occur during Swim Activities for the period June 18th through July 27th, 2018, my consent is given to any licensed physician, to administer such treatment as the physician shall think the existing emergency requires. I hereby further relieve Our Redeemer Lutheran Church, 12301 Magnolia Street, Garden Grove, California and its Swim Staff, Pastors, Preschool Staff, Church Council and personnel of any liability due to accidents, injuries, or property loss that might occur during the swim lessons for swim season 2018.

\*\* I further give my permission to allow the staff to photograph my child for the purpose of sharing with families on 'Shutterfly,' and publicizing our program in brochures and on the church website.

Signature of Parent/Guardian \_\_\_\_\_

**MEDICAL HISTORY**

Medical Insurance Company \_\_\_\_\_ Medical ID# \_\_\_\_\_

Please list any Medical conditions or special accommodations your child may need.

Name	Medical Condition/Special Accommodations

OFFICE USE ONLY:							
PAID	\$	CASH/CHECK#/CC		DATE REC'D		INITIALS	
PAID	\$	CASH/CHECK#/CC		DATE REC'D		INITIALS	
PAID	\$	CASH/CHECK#/CC		DATE REC'D		INITIALS	
PAID	\$	CASH/CHECK#/CC		DATE REC'D		INITIALS	

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## REFUND POLICY FOR SWIM LESSONS:

### ***Session One (June 18 – June 29):***

Full refund will be given on or before June 8.  
50% refund will be given after June 9 and before June 15.  
After June 16, no refund will be given.

### ***Session Two (July 2 - July 13):***

Full refund will be given on or before June 22th.  
50% refund will be given after June 23 and before June 29.  
After June 30, no refund will be given.

### ***Session Three (July 16 – July 27)***

Full refund will be given on or before July 6.  
50% refund will be given after July 7 and before July 13.  
After July 14, no refund will be given.

**\*No refunds or makeup days for illness, vacation, holiday,  
unforeseen pool closures, or inclement weather\***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_